

1. NUMBER: FD43-00-023	2. PCN: PB20236	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 12/07/00	4. PAGE 1 of 1
5. TO: FD32/Barbara Cobb		6. THRU:		7. FROM: FD43/Nelda Hiley	
8. TITLE OF CHANGE: Changes to Increment 2 Ground Data Services for PCG-STES					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine			10. NEED DATE: 12/15/00		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 2 PCG-STES Ground Data Services data set (Voice/Data/Video)		
13. RECOMMENDED EFFECTIVITY(IES): Increment 2			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: FD43-99-003			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) PCG-STES has four data streams, but only 2 were identified in their data set. Need to add the additional 2 streams so PCG-STES can receive all their data. PCG-STES will be located in the MSFC TSC so there should be no NISN impact.					
17. EFFECTS ON: <input checked="" type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): PDL					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Add requirement for 2 additional Payload Generated Science/Engineering Data streams to the MSFC TSC. APIDs are 955 and 956 with the maximum GSE ingest data rate of 1152 bits for all modes for each stream.					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Nelda Hiley /s/		DATE: 12/07/00	TELEPHONE NUMBER: 544-5774	OFFICE SYMBOL: FD43	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE